



State of California—Health and Human Services Agency
Department of Health Services



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

GRAY DAVIS
Governor

April 14, 2003

Dear Interested Parties:

**MEDI-CAL REIMBURSEMENT RATE SUPPORT SERVICES REQUEST FOR
PROPOSAL 03-75011 ADMINISTRATIVE BULLETIN 3, ADDENDUM 1**

Enclosed you will find Administrative Bulletin 3 and Addendum Number 1 to the Request for Proposal (RFP) for the Medi-Cal Reimbursement Rate Support Services (MCRRSS), incorporating several changes to this RFP. Within the text of the document, changes are highlighted with a vertical bar appearing to the right of the paragraph or to the right of any areas that were revised. Deleted language is noted by ~~strike through~~ presentation.

Administrative Bulletin Number 3, issued by the California Department of Health Services (CDHS), Office of Medi-Cal Procurement (OMCP), announces the extension of the Technical and Cost Proposal submission deadline for the Medi-Cal Reimbursement Rate Support Services (MCRRSS) Request for Proposal (RFP).

The Technical and Cost Proposal submission date has been extended to **4:00 p.m. PDT, May 2, 2003**.

Addendum Number 1, issued by the CDHS, OMCP, announces a change to Exhibit B, Attachments I-V (Budget Detail Work Sheets). The Department of Health Services has determined a change to this provision/requirement is warranted. The requirement of submission of Exhibit A, Attachments I-V in this RFP has been deleted as it may restrict competition.

Any changes made to the RFP are published as additional or replacement pages to the RFP. While the RFP is available in both single-sided (on the Internet) and double-sided (hardcopy from the Office of Medi-Cal Procurement) versions, the instructions for updating both formats are included in this letter. The replacement pages enclosed are for the double-sided, hardcopy version.



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www.consumerenergycenter.org/flex/index.html

In order to configure the RFP so that it accurately reflects the current requirements and considerations, add the new page or remove the existing page and insert the appropriate replacement page as indicated in the following table:

HARDCOPY VERSION

REMOVE EXISTING PAGES	ADD NEW/REPLACEMENT PAGES
Table of Contents Pages 1-6	Table of Contents Pages 1-6 (Changes made on pages 2, 4-5)
Section B. Time Schedule Pages 7-8	Section B. Time Schedule Pages 7-8 (Changes made on page 7)
Item i. Cost Section Pages 23-24	Item i. Cost Section Pages 23-24 (Changes made on page 23; delete page 24)
Item 3. Required Budget Detail Work Sheets Pages 25-28	Delete pages 25-27. Insert new page 28.
Section L. Proposal Submission, 1e. General Instructions Pages 31-32	Section L. Proposal Submission, 1e. General Instructions Pages 31-32 (Changes made on page 31)
Item 4. Contract Award and Protests, a2. Contract Award Pages 41-42	Item 4. Contract Award and Protests, a2. Contract Award Pages 41-42 (Changes made on page 41)
Section R. Contract Terms and Conditions Pages 49- 50	Section R. Contract Terms and Conditions Pages 49-50 (Changes made on page 50)
Item 1. Sample Contract Forms/Exhibits Page 51	Item 1. Sample Contract Forms/Exhibits Page 51
ATTACHMENT 12, Cost Proposal Form, Part One and Two, Pages 1-2	ATTACHMENT 12, Cost Proposal Form, Part One and Two, Pages 1-2
Exhibit B, Attachments I-V, Budget Detail Worksheets (Year 1-5)	Delete

In order to configure the Internet version of the RFP (single-sided) so that it accurately reflects current requirements and considerations, remove existing pages and insert the appropriate substituted page as indicated in the following table. The website for the electronic version is www.dhs.ca.gov/omcp . Please note that original RFP has not been changed.

Interested Parties
Page 3
April 14, 2003

ONLINE VERSION

REMOVE EXISTING PAGES	ADD NEW/REPLACEMENT PAGES
Table of Contents Pages 2, 4-5	Table of Contents Pages 2, 4-5
Section B. Time Schedule Page 7	Section B. Time Schedule Page 7
Item i. Cost Section Page 23	Item i. Cost Section Page 23
Item 3. Required Budget Detail Work Sheets Pages 24-27	Delete pages 24-27. Insert new page 28
Section L. Proposal Submission, 1e. General Instructions Page 31	Section L. Proposal Submission, 1e. General Instructions Page 31
Item 4. Contract Award and Protests, a2. Contract Award Pages 41	Item 4. Contract Award and Protests, a2. Contract Award Page 41
Section R. Contract Terms and Conditions Page 50	Section R. Contract Terms and Conditions Page 50
Item 1. Sample Contract Forms/Exhibits Page 51	Item 1. Sample Contract Forms/Exhibits Page 51
ATTACHMENT 12, Cost Proposal Form, Part One and Two, Pages 1-2	ATTACHMENT 12, Cost Proposal Form, Part One and Two, Pages 1-2
Exhibit B, Attachments I-V, Budget Detail Worksheets (Year 1 – 5)	Delete

Proposers have five working days from the issue of this transmittal to the postmark date of the bidders' response to submit any objections to this Addendum.

Thank you for your continued interest in the Medi-Cal Reimbursement Rate Support Services Project procurement effort.

If you should have any questions, please call Cristyn Lao, lead analyst assigned to this procurement, at (916) 323-7406.

Sincerely,

Donna Martinez, Chief
Office of Medi-Cal Procurement

Enclosure

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Attachment 3	Proposer Information Sheet
Attachment 4	Proposer References
Attachment 5	RFP Clause Certification
Attachment 6	CCC 103 - Certification
Attachment 7	Payee Data Record
Attachment 8	DVBE Instructions / Forms with Attachment 8a, Actual DVBE Participation and Attachment 8b, Good Faith Effort
Attachment 9	Target Area Contract Preference Act (TACPA) Request
Attachment 10	Enterprise Zone Act (EZA) Preference Request
Attachment 11	Work Plan
Attachment 12	Cost Section: Cost Proposal Form (Part One)
Attachment 12	Cost Section: Cost Proposal Form (Part Two)
Attachment 12	Cost Section: Cost Proposal Form (Part Three)
Attachment 13	"Voluntary" Letter of Intent
Attachment 14	Conflict of Interest Compliance Certificate

T. SAMPLE CONTRACT FORMS / EXHIBITS

Exhibit #	Exhibit Name
Exhibit A-1	Standard Agreement
Exhibit A	Scope of Work
Exhibit A, Attachment I	Position Duty Statements
Exhibit B	Budget Detail and Payment Provisions
Exhibit B, Attachment I	Budget Detail Work Sheet (Year 1)
Exhibit B, Attachment II	Budget Detail Work Sheet (Year 2)

Exhibit #	Exhibit Name
Exhibit B, Attachment III	Budget Detail Work Sheet (Year 3)
Exhibit B, Attachment IV	Budget Detail Work Sheet (Year 4)
Exhibit B, Attachment V	Budget Detail Work Sheet (Year 5)
Exhibit C – View on-line.	General Terms and Conditions (GTC 103). View or download at this Internet site http://www.ols.dgs.ca.gov/Standard+Language/default.htm .
Exhibit D(F)	Special Terms and Conditions
Exhibit E	Additional Provisions
Exhibit F	Contractor's Release
Exhibit G	Travel Reimbursement Information
Exhibit H	Technical Proposal Submitted by Contractor on XX/XX/XXXX

U. PROGRAM APPENDICES

Appendix #	Appendix Name
Appendix 1	Driving Instructions to the Department of Health Services, Office of Medi-Cal Procurement
Appendix 2	Parking Instructions for the Department of Health Services, Office of Medi-Cal Procurement
Appendix 3	Driving Instructions to the Bidder's Conference - Department of Health Services
Appendix 4	Glossary of Terms

B. Time Schedule

Below is the tentative time schedule for this procurement:

Event	Date	Time (If applicable)
RFP Released	3/4/03	
Data Library Opens	2/28/03	
Questions Due From Proposers	03/19/03	4:00 p.m.
Voluntary Pre-Proposal Conference	03/19/03	1:00 p.m.
Voluntary Letter of Intent	03/26/03	4:00 p.m.
Proposal Due Date	04/25/03 <u>05/02/03</u>	4:00 p.m.
Notice of Intent to Award Posted	06/03/03 <u>06/10/03</u>	
Protest Deadline	06/10/03 <u>06/17/03</u>	5:00 p.m.
Contract Award Date	06/11/03 <u>06/18/03</u>	
Proposed Start Date of Agreement	07/01/03	

C. Contract Term

The term of the resulting agreement is expected to be 36 months with the possibility of 2 one-year extensions and is anticipated to be effective from July 1, 2003 through June 30, 2006. The agreement term may change if DHS makes an award earlier than expected or if DHS cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting contract will be of no force or effect until it is signed by both parties and approved by the Department of General Services, if required. The Contractor is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered if all approvals have not been obtained.

D. Proposer Questions

Please notify DHS immediately if you need clarification about the services sought or have questions about the RFP instructions or requirements. Put your inquiry in writing and transmit it to DHS as instructed below. At its discretion, DHS reserves the right to contact an inquirer to seek clarification of any inquiry received.

Proposers that fail to report a known or suspected problem with the RFP or fail to seek clarification and/or correction of the RFP shall submit a proposal at their own risk.

1. What to Include in an Inquiry

- a. Your name, name of your firm, mailing address, area code and telephone number, and fax number.

- 2) Current support services and office equipment capabilities immediately available and/or accessible for use in carrying out the proposed scope of work. Include such things as, but not limited to:
 - a) A description of the range and/or type of support services available and number of staff.
 - b) Messenger, delivery, shipping, distribution, or transport capabilities.
 - c) Teleconferencing or telecommunications capabilities.
 - d) Printing/reproduction or photocopying capabilities.
 - e) Computer hardware and system capabilities (i.e., number, type, size, age, capacity and speed of personal computers or work stations and servers; Local Area Network capabilities, Wide Area Network capabilities; data transfer capabilities (disk or tape), data storage capacity, video/graphics capabilities, etc.).
 - f) Software applications in use (word processing applications, spread sheet applications, data base applications, graphics development applications, Web page design applications, unique or other specialized software applications, etc.).
 - g) Other support functions or capabilities that can be accessed and/or utilized.
- 3) Identify any facilities, support services or equipment that you must purchase, rent or lease on a long or short-term basis to perform the services described in this RFP.

i. Cost Section

1) Basic Content

The Cost section will consist of the following documents:

- a) Cost Proposal Form (**Attachment 12**).
- b) ~~Budget Detail Work Sheet(s) (**Exhibit B, Attachment I, II, III, IV, and V**) for each fiscal year or budget period.~~
- c) Required cost justification and documentation described later in this section.

2) General Instructions

- a) All cost forms (Cost Proposal form ~~and Budget Detail Work Sheets~~) must be typewritten or completed in ink. Errors, if any, should be crossed out and corrections should be printed in ink or typewritten adjacent to the error. The person who signs the Cost Proposal should initial all corrections preferably in blue ink.
- b) On the Cost Proposal form, indicate the annual cost for each budget period and include a total cost.
- c) When completing the cost forms, include all estimated costs to perform the services for the entire term, including applicable annual rate adjustments attributable to merit increases, profit margins, and inflation or cost of living adjustments.

~~3) Required Budget Detail Work Sheets~~

- ~~a) Include with the Cost Proposal Form (**Attachment 12**), a Budget Detail Work Sheet (**Exhibit B**) for each state fiscal year or budget period (**Attachment I, II, III, IV, and V**).~~
- ~~b) On each Budget Detail Work Sheet, provide specific cost breakdowns for the budget line items identified in this section.~~
- ~~c) All unit rates/costs, if any (i.e., square footage, salary rates/ranges, hourly rates, etc.), must be multiplied out and totaled for each budget period.~~
- ~~d) Please report costs using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.~~
- ~~e) When completing the Budget Detail Work Sheet(s), you may create like images or computerized reproductions of the Budget Detail Work Sheets included in this RFP. Use as many pages as are necessary to display your detailed budgeted costs. The Budget Detail Work Sheet attachments included in this RFP are not intended to dictate the specific costs you are to report, but are intended to show you the required format for reporting your proposed budget detail.~~
- ~~f) Identify your projected detailed expenses for each line item identified below by following the instructions herein.~~

~~i. Personnel Costs~~

- ~~A. Identify each funded position title or classification.~~
- ~~B. Indicate the number of personnel in each position/classification.~~
- ~~C. Indicate the full time equivalent (FTE) or annual percentage of time/effort for each position (i.e., full time = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25, number of hours, if hourly, etc.).~~
- ~~D. Identify the monthly salary rate or range for each position/classification. Include paid leave benefits such as sick leave, vacation, annual leave, holiday pay, etc. in the salary rates or ranges.~~
- ~~E. Project an annual total for each position/classification.~~
- ~~F. If applicable, enter \$0 if no personnel costs will be incurred.~~
- ~~G. Enter the grand total for salary/wage expenses.~~

~~ii. Fringe Benefits~~

~~Include fringe benefit expenses including, but not limited to, costs for worker's compensation insurance; unemployment insurance; health, dental, vision and/or life insurance; disability insurance; pension plan/retirement benefits; etc.~~

- ~~A. Display fringe benefit costs as a percentage rate of the total personnel costs.~~

~~B. If applicable, enter \$0 if no fringe benefit costs will be incurred.~~

~~iii. Operating Expenses~~ (also referred to as General expenses)

~~Identify all direct project costs. Direct project costs may include but are not limited to the following expense items:~~

~~A. Facility rental (i.e., office space, storage facilities, etc.). Include the amount of square footage and the rate per square foot.~~

~~B. Consumable office supplies.~~

~~C. Minor equipment purchases (i.e., items with a unit cost of less than \$5,000 and a useful life of one year or more).~~

~~D. Telecommunications (i.e., telephone or cellular telephones, fax, internet service provider fees, etc.).~~

~~E. Reproduction/printing/duplication.~~

~~F. Postage or messenger/delivery service costs.~~

~~G. Equipment/furniture rental/lease and maintenance.~~

~~H. Software (including license fees, upgrade/maintenance fees, etc.).~~

~~I. If applicable, enter \$0 if no operating expenses will be incurred.~~

~~iv. Equipment Expenses~~

~~A. DHS will not reimburse equipment purchases under the resulting contract.~~

~~B. DHS primarily classifies equipment as Major Equipment, Minor Equipment and Miscellaneous Property. Major Equipment is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Major equipment expenses, when allowed, is budgeted in this expense line item. Minor Equipment is defined as a tangible item with a base unit cost of less than \$5,000 and a life expectancy of one year or more and is on DHS' Minor Equipment List and that is purchased or reimbursed with agreement funds. Minor equipment expenses, when allowed, are budgeted as an operating expense.~~

~~C. Enter \$0 in this line item.~~

~~v. Subcontract Expenses~~

~~A. Specify a total cost for all subcontracted services (including those performed by independent consultants). Subcontractors include any persons/firms performing contract services that are not on the Contractor's payroll.~~

~~B. If you intend to use subcontractors (including independent consultants), provide the information below depending on whether subcontractors are known/pre-identified or have yet to be determined.~~

- ~~1. For **known/pre-identified** subcontractors or independent consultants, identify each subcontractor/consultant by name and include a separate expense breakdown for each of the subcontractor's costs for personnel expenses including fringe benefits, operating or general expenses, travel, subcontracts and indirect costs.~~
- ~~2. For **unknown/unidentified** subcontractors or independent consultants, list a title for each subcontracted activity/function and indicate a total projected cost for each activity/function to be out sourced.~~

~~C. If applicable, enter \$0 if no subcontract expenses will be incurred.~~

~~vi. Travel Expenses~~

~~A. Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging, meal expenses, etc. **See Exhibit G for additional information.**~~

~~B. If applicable, enter \$0 if no travel expenses will be incurred.~~

~~vii. Other Costs~~

~~A. Indicate here those direct project expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to training/conference registration fees, publication production costs, costs for educational material development or other items unique to performance.~~

~~B. If any service, product or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate "fixed price" or "lump sum" next to the item along with the price or fee.~~

~~C. If applicable, enter \$0.~~

~~viii. Indirect Costs~~

~~A. Express your indirect costs as a percentage rate.~~

~~Proposers must contain indirect costs at a rate no greater than 15% of total personnel costs excluding benefits. DHS will deem a proposal non-responsive if a Proposer offers an indirect cost rate that exceeds this limit.~~

~~B. If applicable, enter \$0.~~

~~ix. Total Costs~~

~~Enter a total annual cost for the stated fiscal year or budget period. Make sure all itemized costs equal this figure when added together.~~

~~4) Required Cost Justification/Documentation~~

~~In the Cost section of your proposal, you are to supply the following facts and information to explain the reasonableness and/or necessity of your proposed budgeted costs.~~

~~Include the following narrative information to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Detail Work Sheets.~~

- ~~a) Discuss how the number of project funded staff, their proposed duties and time commitments are sufficient to achieve the proposed services and activities.~~
- ~~b) Include wage and/or salary justifications, including but not limited to:
 - ~~i. How salary rates or ranges were determined.~~
 - ~~ii. Explain any cost of living, merit or other salary adjustments that are included in the personnel line item. Explain how the amount of each adjustment was determined and explain the frequency or interval at which the adjustment is to be granted. **This only applies if you included merit increases, cost of living, or other salary adjustments in the personnel expense line item.**~~~~
- ~~c) Fringe benefit explanation. **This requirement only applies if fringe benefit expenses are budgeted.**
 - ~~i. Identify and/or explain the expenses that make up fringe benefit costs. Typical fringe benefit costs can include worker's compensation insurance; unemployment insurance, health, dental, vision and/or life insurance; pension plan/retirement benefits; etc. Fringe Benefits may also include paid leave benefits such as sick leave, vacation, annual leave, holiday pay, etc. if your firm/agency normally budgets these items in Fringe Benefits.~~
 - ~~ii. If applicable, identify any positions that do not earn fringe benefits and/or that receive different benefit levels.~~~~
- ~~d) Subcontractor/independent consultant use and fees/rates and costs. **This requirement only applies if subcontractor (including independent consultant) costs are budgeted.**
 - ~~i. Discuss the necessity of using each subcontractor and/or independent consultant. Explain what contributions their services and expertise will add to this project.~~
 - ~~ii. Provide a justification for the fees/wages budgeted for **known/pre-identified** subcontractors (including independent consultants). Include information, such as, but not limited to, the subcontractor's or consultant's current pay rate, past wage/salary/fee history, standard industry rates paid for comparable/similar services. If applicable, explain other factors you used to determine the proposed pay levels such as notoriety in a specific field, possession of expert credentials, etc. that explain the reasonableness of the proposed costs/fees or wage rates.~~~~

- iii. ~~For **unknown/unidentified** subcontractors (including consultants), explain how you determined the amount to budget for each proposed subcontracted activity or function.~~

e) ~~Travel expense justification/explanation. **This requirement only applies if travel expenses are budgeted.**~~

- i. ~~If you propose travel expenses equal to \$50,000 or more in any budget period, itemize all major travel and per diem expenses. At a minimum, include an estimated number of trips, to and from destinations, length of travel per trip (i.e., number of days and nights), number of travelers and mode of transportation.~~
- ii. ~~**Note:** Travel reimbursement generally may not exceed the current rates paid to nonrepresented State employees.~~

~~Expenses exceeding current State rates must be explained and justified and are subject to prior DHS approval. Request a copy of the State employee travel reimbursement rates if DHS failed to attach the rates to the RFP (e.g., the Travel Reimbursement Information exhibit).~~

~~State employees receive discounted lodging rates in many areas. In justifying per diem costs, indicate if you do not have access to discounted rates.~~

- iii. ~~If travel expenses are less than \$50,000 in any budget period, briefly explain how you estimated your proposed travel costs.~~

f) ~~Other costs explanation. **This requirement only applies if “Other costs” are budgeted.**~~

- i. ~~Itemize each expense item making up the “Other Costs” line item.~~
- ii. ~~Explain why each expense item is necessary. Also, explain how you determined the amount of each expense.~~
- iii. ~~If you offered any services or deliverables on a fixed price or lump sum or fixed price basis, explain how you determined the price or cost.~~

- g) ~~Include, at your option, any other information that will assist DHS to understand how you determined your costs and why you believe your costs are reasonable, justified and/or competitive. Unless discussed elsewhere within this section, explain any unusually high cost elements appearing in any budget line item.~~

j. Appendix Section

Place the following documentation in the Appendix section of your proposal in the order shown below.

1) **Proof of Corporate Status**

If the Proposer is a Corporation, submit a copy of your firm's most current Certificate of Status issued by State of California, Office of the Secretary of State. Submit an explanation if you cannot submit this documentation. Unless otherwise specified, do not submit copies of your firm's Bylaws or Articles of Incorporation.

Attachment and/or Documentation	Instructions
8a - Actual DVBE Participation and applicable DVBE certification(s) and/or 8b - Good Faith Effort with required documentation	Read and carefully follow the completion instructions in Attachment 8. Attach the documentation that is required for the form(s) you choose to submit. One and/or both of these two forms may be required. Submission of these forms only applies to contract awards that equal \$10,000 or more for the entire contract term.
9 - Target Area Contract Preference Act Request	Complete and return this form, <u>only</u> if your firm is based in California, your total bid is \$100,000 or more, DHS has not pre-set any part of the work location, and you wish to apply for TACPA preference.
10 Enterprise Zone Act (EZA) Preference Request	Complete and return this form, <u>only</u> if your firm is based in California, the total bid offered is \$100,000 or more, no part of the work location has been preset by DHS, and you wish to apply for EZA preference.

L. Proposal Submission

1. General Instructions

- a. Assemble an original, five (5) copies and the CD-R version of your proposal together. Place the proposal set marked "Original" on top, followed by the five (5) extra copies and then the CD-R copy.
- b. Please label the CD-R and Storage Case "Medi-Cal Reimbursement Rate Support Services Procurement", "Contract Years 2003 to June 2006", "Your Company Name", "RFP 03-75011".
- c. Place all proposal copies in a single envelope or package, if possible. Seal the envelope or package.

If you submit more than one envelope or package, carefully label each one as instructed below and mark on the outside of each envelope or package "1 of X", "2 of X", etc.

- d. Mail or arrange for hand delivery of your proposal to the Department of Health Services, Office of Medi-Cal Procurement (OMCP). Proposals may not be transmitted electronically by fax or e-mail.
- e. The Office of Medi-Cal Procurement must receive your proposal, regardless of postmark or method of delivery, by **4:00 p.m. on April 25, 2003 May 2, 2003**. Late proposals will not be reviewed or scored.
- f. Label and submit your proposal using one of the following methods.

c. Resubmitting a Proposal

After withdrawing a proposal, Proposers may resubmit a new proposal according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery by the proposal due date and time.

4. Contract Award and Protests

a. Contract Award

- 1) Award of the contract, if awarded, will be to the responsive and responsible Proposer, who earns the highest total score. The highest scored proposal will be determined after DHS adjusts Proposer scores for applicable bidder preferences.
- 2) DHS shall award the contract only after DHS posts a Notice of Intent to Award for five (5) working days. DHS expects to post the Notice of Intent to Award before the close of business on ~~June 3, 2003~~ June 10, 2003 at the following locations:

Office of Medi-Cal Procurement
600 North 10th Street, Suite 240C
Sacramento, CA 95814
and
Department of Health Services
Contract Management Unit
1800 Third Street, Room 455
Sacramento, CA 95814

- 3) DHS will mail or fax a written notification and/or a copy of the Notice of Intent to Award to all firms that submitted a proposal.
- 4) DHS will confirm the contract award to the winning Proposer after the protest deadline, if no protests are filed or following the Department of General Service's resolution of all protests. DHS staff may confirm an award verbally or in writing.

b. Settlement of Ties

In the event of a precise highest score tie between a certified small business and a certified DVBE, the contract will be awarded to the DVBE per Government Code Section 14838(f) et seq.

DHS will settle all other tied total scores by making an award to the Proposer who earns the highest score on their narrative proposal (e.g., Technical Proposal). If narrative proposal (e.g., Technical Proposal) scores are also tied, DHS will settle the tie in a manner that DHS determines to be fair and equitable (e.g., coin toss, lot drawing, etc.). In no event will DHS settle a tie by dividing the work among the tied Proposers.

c. Protests

1) Who Can Protest

Any Proposer who submits a proposal may file protest if the Proposer believes its proposal is responsive to all RFP requirements.

- 1) Report their labor hours to the State and
 - 2) Reference the state contract on which the award is based for the specific reporting requirements.
- f. Proposers wishing to learn more about TACPA and/or EZA requirements, designated work site(s) or enterprise zones in California should contact the appropriate office of the Department of General Services (formerly known as OSBCR) at (916) 375-4940. DGS will attempt to determine TACPA and/or EZA eligibility within two working days.

3. Combined Preferences

The maximum preference or cost reduction that any Proposer may be granted for small business, TACPA and EZA preference combined is 15% or \$100,000, whichever is less.

Any firm that claims and is granted EZA and/or TACPA preference cannot displace an award to a certified small business (including microbusiness).

R. Contract Terms and Conditions

The winning Proposer must enter a written contract that may contain portions of the Proposer's proposal (i.e., ~~Budget Detail Work Sheets~~, Work Plan), Scope of Work, standard contract provisions, the contract form, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting contract.

The exhibits identified in this section contain contract terms that require strict adherence to various laws and contracting policies. A Proposer's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFP may cause DHS to deem a Proposer non-responsible and ineligible for an award. DHS reserves the right to use the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between DHS and the winning Proposer. Other terms and conditions, not specified in the exhibits identified below, may also appear in the resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., contract total exceeds a certain amount, federal funding is used, etc.).

In general, DHS will not accept alterations to the General Terms and Conditions (GTC), DHS' Special Terms and Conditions, the Scope of Work, other exhibit terms/conditions, or alternate language that is proposed or submitted by a prospective contractor. DHS may consider a proposal containing such provisions "a counter proposal" and DHS may reject such a proposal as non-responsive.

1. Sample Contract Forms / Exhibits

Exhibit Label	Exhibit Name
a. Exhibit A-1	Standard Agreement (1 page)
b. Exhibit A	Scope of Work (2 pages)
c. Exhibit A, Attachment I	Position Duty Statements (5 pages)

Exhibit Label	Exhibit Name
d. Exhibit B	Budget Detail and Payment Provisions (3 pages)
e. Exhibit B, Attachment I	Budget Detail Work Sheet — Year 1 (1 page)
f. Exhibit B, Attachment II	Budget Detail Work Sheet — Year 2 (1 page)
g. Exhibit B, Attachment III	Budget Detail Work Sheet — Year 3 (1 page)
h. Exhibit B, Attachment IV	Budget Detail Work Sheet — Year 4 (1 page)
i. Exhibit B, Attachment V	Budget Detail Work Sheet — Year 5 (1 page)
j. Exhibit C - View on-line.	General Terms and Conditions (GTC 103). View or download this exhibit at this Internet site http://www.ols.dgs.ca.gov/Standard+Language/default.htm .
k. Exhibit D(F)	Special Terms and Conditions (26 pages)
l. Exhibit E	Additional Provisions (6 pages)
m. Exhibit F	Contractor's Release (1 page)
n. Exhibit G	Travel Reimbursement Information (2 pages)
o. Exhibit H	Technical Proposal submitted by Contractor on XX/XX/XXXX (XX pages)

2. Unanticipated Tasks

In the event unanticipated or additional work must be performed that is not identified in this RFP, but in DHS' opinion is necessary to successfully accomplish the scope of work, DHS will initiate a contract amendment to add that work. All terms and conditions appearing in the final contract ~~including the salary/wage rates, unit rates and/or other expenses appearing on the Proposer's Budget Detail Work Sheets~~ will apply to any additional work.

3. Resolution of Language Conflicts (RFP vs. Final Agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFP, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

COST SECTION

COST PROPOSAL FORM
(PART ONE)

NOTE: DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the Cost Proposal Form to the RFP as being non-responsive.

Proposer's Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone/Fax Number: _____

Contact Person/Title: _____

1. Staff Personnel listed in Technical Proposal:

(Staff personnel listed below must agree with the staff listed in the Technical Proposal):

*EACH HOURLY BID RATE MUST BE LESS THAN THE HOURLY BID RATE FOR THE PERSONNEL CLASS LISTED ABOVE IT. THE HOURLY BID RATE MUST BE ALL INCLUSIVE OF THE FOLLOWING: COSTS FOR FRINGE BENEFITS; OPERATING EXPENSES; EQUIPMENT EXPENSES; TRAVEL EXPENSES; SUBCONTRACTOR EXPENSES; AND OTHER COSTS.

<u>Personnel Class</u>	<u>Name(s)</u>	<u>*Hourly Bid Rate</u>
Vice President	_____	\$ _____
Litigation Project Manager	_____	\$ _____
Litigation Research Specialist	_____	\$ _____
Associate Litigation Analyst	_____	\$ _____
Litigation Analyst	_____	\$ _____

COST SECTION

COST PROPOSAL FORM
(PART TWO)

1. Proposer's Bid Price:

NOTE: DHS may construe any modifications, conditions, alterations, additions, deletions, or changes to the Cost Proposal Form to the RFP as being non-responsive.

*EACH HOURLY BID RATE MUST BE LESS THAN THE HOURLY BID RATE FOR THE PERSONNEL CLASS LISTED ABOVE IT. THE HOURLY BID RATE MUST BE ALL INCLUSIVE OF THE FOLLOWING: COSTS FOR FRINGE BENEFITS; OPERATING EXPENSES; EQUIPMENT EXPENSES; TRAVEL EXPENSES; SUBCONTRACTOR EXPENSES; AND OTHER COSTS.

A. <u>Personnel Class</u>	<u>*Hourly Bid Rate</u>	<u>X</u>	<u>Weight</u>	<u>=</u>	<u>Rate</u>
Vice President	\$_____	X	12.00	=	_____.
Litigation Project Manager	\$_____	X	17.00	=	_____.
Litigation Research Specialist	\$_____	X	10.00	=	_____.
Associate Litigation Analyst	\$_____	X	38.00	=	_____.
Litigation Analyst	\$_____	X	23.00	=	_____.
Sum of Weights			100.00		
Sum of Weighted Rates					_____.

(If bid rates vary by individual, enter highest bid rate listed for the class in this paragraph A above.)

B. Bid price = Sum of Weighted Rates Divided by 100.

Sum of Weighted Rates _____ ÷ 100 = \$_____

(Proposer's Bid Price)

2. Is your firm claiming preference as a Small Business (SBP)? ☐ Yes ☐ No

3. If claiming SBP, enter certification number: _____

4. Is your firm applying for the Target Area Contract Preference? ☐ Yes ☐ No

Budget Detail Work Sheet

(Year 1)

(07/01/03 – 06/30/04)

Personnel

<u>Position Title and No. of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Personnel			\$ _____

Fringe Benefits (___ % of Applicable Personnel)**Total Benefits** \$ _____**Operating Expenses**

<u>Expense Description</u>	<u>Cost</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total Equipment			\$ _____

Travel**Total Travel** \$ _____**Subcontracts**

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____
\$ _____**Total Subcontracts** \$ _____**Other Costs**

<u>Item Description</u>	<u>Estimated Cost</u>
	\$ _____
	\$ _____
	Total Other Costs \$ _____

Indirect Costs (___%** of Personnel excluding benefits)**Total Indirect Costs** \$ _____

**Cannot exceed 15%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet
(Year 2)
(07/01/04 – 06/30/05)

Personnel

<u>Position Title and No. of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Personnel			\$ _____

Fringe Benefits (___ % of Applicable Personnel)

Total Benefits \$ _____**Operating Expenses**

<u>Expense Description</u>	<u>Cost</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total Equipment			\$ _____

Travel**Total Travel** \$ _____**Subcontracts**

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____
\$ _____

Total Subcontracts \$ _____**Other Costs**

<u>Item Description</u>	<u>Estimated Cost</u>
	\$ _____
	\$ _____
	Total Other Costs \$ _____

Indirect Costs (___%** of Personnel excluding benefits)**Total Indirect Costs** \$ _____

**Cannot exceed 15%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet

(Year 3)

(07/01/05 – 06/30/06)

Personnel

<u>Position Title and No. of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Personnel			\$ _____

Fringe Benefits (___ % of Applicable Personnel)**Total Benefits** \$ _____**Operating Expenses**

<u>Expense Description</u>	<u>Cost</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total Equipment			\$ _____

Travel**Total Travel** \$ _____**Subcontracts**

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____
\$ _____**Total Subcontracts** \$ _____**Other Costs**

<u>Item Description</u>	<u>Estimated Cost</u>
	\$ _____
	\$ _____
	Total Other Costs \$ _____

Indirect Costs (___%** of Personnel excluding benefits)**Total Indirect Costs** \$ _____

**Cannot exceed 15%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet

(Year 4)

(07/01/06 – 06/30/07)

Personnel

<u>Position Title and No. of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Personnel			\$ _____

Fringe Benefits (___ % of Applicable Personnel)**Total Benefits** \$ _____**Operating Expenses**

<u>Expense Description</u>	<u>Cost</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total Equipment			\$ _____

Travel**Total Travel** \$ _____**Subcontracts**

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____
\$ _____**Total Subcontracts** \$ _____**Other Costs**

<u>Item Description</u>	<u>Estimated Cost</u>
	\$ _____
	\$ _____
	Total Other Costs \$ _____

Indirect Costs (___%** of Personnel excluding benefits)**Total Indirect Costs** \$ _____

**Cannot exceed 15%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.

Budget Detail Work Sheet
(Year 5)
(07/01/07 – 06/30/08)

Personnel

<u>Position Title and No. of each</u>	<u>Salary Rate/Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Personnel			\$ _____

Fringe Benefits (___ % of Applicable Personnel)

Total Benefits \$ _____**Operating Expenses**

<u>Expense Description</u>	<u>Cost</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total Operating \$ _____

Equipment

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total Equipment			\$ _____

Travel**Total Travel** \$ _____**Subcontracts**

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontractor:

<u>Personnel</u>	<u>Gen. Exp.</u>	<u>Travel</u>	<u>Subcontracts</u>	<u>Indirect Costs</u>	<u>Total Cost</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name of Subcontracted Project (If Subcontractor is unknown):

\$ _____
\$ _____

Total Subcontracts \$ _____**Other Costs**

<u>Item Description</u>	<u>Estimated Cost</u>
	\$ _____
	\$ _____
	Total Other Costs \$ _____

Indirect Costs (___%** of Personnel excluding benefits)**Total Indirect Costs** \$ _____

**Cannot exceed 15%.

Total Costs \$ _____

Copy this format or use a similar one and use as many sheets as are necessary.